

# MISSOURI DEPARTMENT OF HEALTH STATE PUBLIC HEALTH LABORATORY ALCO-SENSOR IV/RBT IV MAINTENANCE REPORT

### BREATH ALCOHOL PROGRAM

JUN -7 2009

Complete this report in duplicate at the time Send copy to Department of Health; retain or	of the regular monthly ginal in department file	preventive maintenance.	e check, and whenev ວ¦¦SS ST/	er Instrument is	repaired.
ALCO SENSOR IV SN 030450	ROT IV SN		DATE OF INSPECTION	-06-09	
LOCATION OF INSTRUMENT (STREET AND CITY)			TIME OF INSPECTION	-00-09	
501 Faraon Street, St. Joseph, M				8 0 0	
CHECKLIST: Place a check ( ') to the left in observed values where determined.) Unc	t of each item if foun hecked items must be	d to be satisfactory or corrected before using	If operating within e instruments.	stablished limits	s. (Write
D DIGITAL READOUT (ALL ELEMENTS C	OPERATIONAL)			•	
TEMPERATURE OF ALCO SENSOR (10	° C - 40° C)		•		
PRINTER WORKING PROPERLY	·				
☐ TIME AND DATE DISPLAYING PROPER	RLY			•	
CALIBRATION CHECK - Run three tests using a standard solution of .005 or less. Check the box correspond 0.100% STANDARD - MUST READ BOTH OF THE CONTROL ON T	iding to the standard ETWEEN 0.095% and ETWEEN 0.038% and	solution being used, (P   0.105% INCLUSIVE   0.042% INCLUSIVE	e standard value an RINTOUT ATTACHE	d must have a s	pread
TEST 1	TEST 2 🕶	.103	TEST 3 -	.098	
SIMULATOR TEMPERATURE (34°± .2°0	c) <u>34.0</u> •c				
RFI DETECTOR OPERATING			•	3344.	
M NUMBER OF REFUSALS, SINCE LAST MA (DO NOT INCLUDE SIMULATOR TESTS)	INTENANCE REPORT	AND NUMBER OF BREA	ATH TESTS IN EACH	RANGE AS FOLL	.OWS:
REFUSALS 9 (004) 3	(.0509) 3	(.1014) 3	(.1519) 0	(Over .1 9)	1
List any new parts and describe any alteration or r limits (use other side if necessary)	nodification that was ma	ade to restore the instrume	ent to operate satisfacto	orlly and within es	lablished
instrument is operating within the limit	s set forth by the N	Aissouri Department	of Health. Soluti	on provided b	<u>y</u>
Repco Marketing .100 solution, Lot #0	8002 expires10/13	3/2010.	·····		
New battery was installed.					
				1	·
•	-	•			
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	•				<del></del>
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NSPECTING OFFICER	ili Kalentina da sa Lega ya	Selection of the first of a	and the state of the problems of the state of		
GNATURE	Jalle	PRINT NAME	Chris McBane		
PE II PERMY NUMBERSEXPIRATION DATE		TELEPHONE NUMBER			
020051 03/06/11 820270 09/18/10	. 1 1	(816)271-535	9	- 	· ]

#### CERTIFICATE OF ANALYSIS

MANUFACTURER AND SUPPLIER: RepCo Marketing, Inc.

LOT NUMBER: 08002

EXPIRATION DATE: October 13, 2010 at 11:59 p.m.

RepCo Marketing, Inc. certifies the following:

RepCo Marketing, Inc. manufactured, tested and supplied Lot Number <u>08002</u> of Alcohol Certified Solution for simulators. Random samples of said lot number were analyzed utilizing a gas chromatograph and found to contain <u>0.1209</u> gms/dl wt/vol ethyl alcohol in aqueous solution (i.e. ethanol).

The alcohol and distilled water used in the solution were found to be free of any interfering substance.

This solution will produce a vapor alcohol value of 0.100% +/-3% when heated to 34 Degrees Celsius +/-0.2 Degrees Celsius in a simulator.

The date of manufacture for this lot number is <u>October 14, 2008</u>. The expiration date for this lot number is <u>October 13, 2010</u> at 11:59 p.m.

This document is a true representation of the original Certificate of Analysis.

Cecil B. Garner, President RepCo Marking, Inc.

Form MO 01

			Location	Deerator Name, I.I.	Subject î.D.	Subject Name	Void: RFI 12 86/86/89 88:88	TEST RECORD 8354	AS IV Serial not 030450 Version not 7410	
			Location	Sperator Name, I.D.	Subject I.D.	Subject Name	06/06/09 08:12 ,800 Subject Test: Auto 22 06/06/09 08:12 .102	Time	RECORD	AS IV Serial no: 838458 Version no: 7418
nc		And the second s		Location	<del>~</del> ₹[	Subject I.D.	Subject Test, Auto 22 06/86/09 08:16 .183 Subject Name	Temp Nate Time 2161  Air Blank: 96/86/89 08:16 .000	1900   1935	AS IV Serial no: 030450 Version no: 7410
	The state of the s		Location	Operator Name, I.D.	Subject I.D.	Subject Name	96/86/89 98:29 ,898	Time	TEST RECORD 03545	AS IV Serial not 838450 Version not 7410

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### State of Missouri DEPARTMENT OF HEALTH



MO 680-0771 (7-88)

# PERMIT TYPE!



Leb. 4 (R7-89)

#### SCOTT GARY

s	hereby	authorized	to	Instruct	and	supervise	operators,	train	Instructors,	Inspect,
cal	lbrate, p	perform field	l re	pairs, and	l ope	rate the fol	lowing brea	ath ana	alyzer(s):	• •

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### State of Missouri DEPARTMENT OF HEALTH



MO 580-0771 (7-88)

# PERMIT TYPE II



Leb. 4 (R7-88)

#### CHRISTOPHER MCBANE

S	hereby	authorized	to	instruct	and	supervise	operators,	train	Instructors,	inspect,
cali	lbrate,	perform flei	d re	pairs, and	d ope	rate the fol	lowing brea	ith and	alyzer(s):	•
			D	ATÀM	ASTI	ER:ALCO	-SENSOR	TV		

		of sections 577.020 through 577.041, RSMo 1986.
	09/18//08	John of Mathewson
Date	820270	Dimeter of Clain Building Laboratory
Number	09/18/2010	

Director, Department of Health